Meeting Minutes of
The Governor's Council on Behavioral Health
Thursday, November 8, 2012

The Governor's Council on Behavioral Health met at 8:30 a.m. on November 8, 2012 at Barry Hall, conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Stephanie Culhane, Mark Fields, James Gillen, Chaz Gross, Bruce Long, Richard Leclerc, and Anne Mulready.

Ex-Officio Members Present: Lou Cerbo and Elizabeth Earls, Department of Corrections (DOC); Denise Achin, Department of Education (DOE); Kathleen Grygiel**,** Division of Vocational Rehabilitation (DVR); Sharon Kernan, Executive Office of Health and Human Services (EOHHS); Chris Strnad, Department for Children, Youth and Families (DCYF); Rebecca Boss, Linda Mahoney and Director Craig Stenning, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

Guests: Susan Jacobsen, Mental Health Association of Rhode Island; Ian Knowles, RICARES; Erin Minior, Jewish Family Service**;** Marie Waldeck, Institute for Addiction Recovery at RIC; Sarah Dinklage, Rhode Island Student Assistance Services; John Neubauer, RI Kids Count; Cheri Cruz, PSN; and Michelle Brophy, Governor's Interagency Council on Homelessness; Judy Gorman, Clinical Supervisor, SStarbirth.

Staff: James Dealy and Linda Harr.

Richard Leclerc called the meeting to order at 8:35 AM. Richard asked the members after reviewing the Minutes from the meeting of October 19, 2012 if there were any discussion or revisions. Richard asked for a Motion to approve the Minutes as presented. Anne Mulready made a Motion to accept the minutes, seconded by Lou Cerbo. A vote was taken. The Motion carried approving the Minutes as presented.

Infrastructure Committee update: Denise Achin advised that there had been 3-4 meetings since formation of the Committee. After scheduling of the next meeting, there will be more to report.

Data/Needs Assessment Committee: "Expanding the Vision" funding has allowed JSI to provide technical assistance to the Committee. Liz Earls advised there was a second meeting in the middle of October. There were representatives from the Health Department, from SEOW and Annie Silva among others. The Committee began to plot out priority populations. Since that time, Jim Dealy, Annie and Liz have met to take that information one step further and are hopeful that perhaps only one or two more meetings will be needed. A matrix will be forwarded prior to the next meeting so that people can plug in what they know and hopefully by the end of December a final document will be presented once prepared.

Rich reminded the Council that we have two other Committees to be formed – one being the Block Grant Committee and the other the Integration Strategy Planning Committee. Fred Trapassi agreed to chair the Block Grant Committee. The first Block Grant Committee meeting will probably be held this month. Work is still ongoing to find a Chair for the Integration Strategy Planning Committee. The question was raised as to whether the Needs Assessment/GAPS Committee needs to finish its work before the Integration Strategic Planning Committee. Jim Dealy advised that the planning process is designed with some overlap between the timeframes for the Committees –one doesn't have to finish before the other begins - but that there has to be enough work done by the prior Committee so that there is some direction for the new Committee to follow. Denise reminded that one of the best things each Committee can do is be clearly aware of what the specific charge is. Jim Dealy will email a complete list of individuals who have signed up for the various Committees and invited anyone who has not yet signed up to do so.

ROSC presentation: The group was reminded that ROSC stands for "Recovery Oriented System of Care". Ian Knowles and Judy Gorman presented. Ian advised that the work of the ROSC Committee both nationally and locally is moving toward a shift in treatment from the acute care model with its focus on symptom mitigation and stabilization to a more continuing care, chronic care model that is more appropriate for the chronic relapsing diseases of addiction and mental illness. Presently there are three active sub-committees. First is the System Capacity Committee, whose immediate goal is to establish cross-training among the continuum of behavioral healthcare. The Committee is working on an initial forum about ROSC for all staff of all the behavioral health agencies, from executive directors to clinical staff. It will be working with RICCHMO/DATA to establish these trainings. The second Committee is the Regulations Committee, whose goal is to identify behavioral health care regulations that are a barrier to implementing a Recovery Oriented System of Care. The next meeting of the Regulations Committee is Tuesday, November 20, 2012.

The last Committee is the Recovery Capital Committee. Its focus so far has been on one specific task, the creation of a Rhode Island Alumni Association. Alumni Associations as a recovery support service have been around for a long time, including one in Rhode Island. Judy Gorman from SStarbirth has been leading the Committee's efforts to establish a statewide Alumni Association.

Judy stated that one of the initial goals of the Alumni Association was to bridge the gap between substance abuse treatment programs and support groups (AA, NA, etc.) for clients in recovery. Rhode Island's Alumni Association began 20 years ago when staff at Edgehill Newport noticed that clients leaving treatment would not engage with the recovery community. It and other agencies in the country established an Alumni Association to provide contacts that would meet people at support group meetings, take them to meetings, engage them before they left treatment so that there would be a person to help them make the transition from residential treatment. Using this as the model, the Committee is trying to create a statewide peer support system for everyone leaving treatment or needing to return to treatment. . Because many consumers have developed trust in an individual treatment center, particularly the residential centers, the Committee hoped to have individual agencies develop their own alumni association and then form those associations into a statewide network of alumni. The Alumni Association needs to be sustainable so that if this particular initiative stops, it will not end the Association. Another goal is to make it safe to participate. The invitation to join would come from the individual treatment agencies – not from a statewide beauocracy. Those no longer affiliated with a particular provider could become members at large. A way must be developed to sign people up with appropriate releases, so that their privacy is protected and that their consent is documented. The Committee will establish a list of volunteers from each agency that it feel are in good health, good recovery, that are willing to walk people through early recovery and bridge that gap.

Transportation is always a problem and the hope is that some recovery coaches or drivers could get people to meetings. The plan is to form a network of contacts so that any meeting anyone might walk into, there would be a ROSC person that could greet them and to welcome them to recovery. Further information can be found in the attachment provided entitled "ROSC RI Alumni Association Plan". Judy noted that the alumni association model has grown out of the substance abuse world, and that members of the Committee are addressing how it can be adapted to mental illness recovery.

Proposed Activities: Judy said that one of the things that the Committee found in alumni associations, locally and nationwide, is that that having activities that brought people face-to-face in a group not only supported recovery but built the recovery association, built contacts, allowed the group to become stronger and re-energize itself. Some activities suggested included an awards breakfast. RICARES was suggested as a center to help organize and run such activities.

A major hope of the Committee was to design a website where people in recovery could interact with each other. We found that building and designing this would cost about $25,000.00. Instead, we found a website called "One Health" that has a lot of the things that we were interested in designing for ourselves. It can be accessed by individuals either directly or as members of an agency's private page. It works in many ways like Facebook. When people go online there is an emotional check-in as to how they are feeling at the moment. If someone reports that they are in crisis, this information goes to their sponsor, so they get support in a user-friendly way. A key strength of a web-based program is that it provides 24-7 access to support – human contact to help walk a person through the transition from some level of professional care to peer support and independent living. Concerns were expressed about Alumni Associations ability to protect confidentiality. These concerns will be addressed during the designing period of this concept. In response to the question of how "One Health" had worked at Anchor, Jim Gillen that it had not been utilized very much by Anchor consumers**.**

Update from EOHHS (Sharon Kernan): Sharon presented that Rhode Island's authority for the Global Waiver will expire at the end of December, 2013, and by January 13, 2013 we are required to submit a draft for a new version of the Global Waiver. Analysis is being made to revise the new application as needed. If anyone has any ideas for changes, Sharon asked that they please submit them now. There are some opportunities for revision, subject to Medicaid regulations. EOHHS is currently negotiating a contract with a vendor to provide eligibility determinations under the new provisions in the Affordable Care Act and Medicaid. It is also looking to procure a transportation broker to be able to help it set up transportation for Medicaid recipients. Transportation has been a barrier to accessing services, and EOHHS hopes to improve that significantly.

UPDATE FROM BHDDH (Director Craig Stenning): Director Stenning presented on a number of topics relevant to the Department.

Regarding the Affordable Care Act, now that the election has clarified whether or not the Act will be implemented, BHDDH has had discussions with the Insurance Commissioner and with Christy Ferguson, who is heading up the implementation of the health exchanges, and presented ideas for how behavioral benefits should be implemented in both the health exchange plans and the Medicaid expansion. The Department is advocating for a comprehensive a behavioral health benefit, as both cost effective and good for the people of the state. Rhode Island has had comprehensive behavioral health Medicaid benefit, as well as a pioneering parity law, and it should not lose ground.

Ms. Ferguson echoed some of these concerns and asked the Director to join in the discussions with the insurance companies and others who are designing the Health Exchange and Medicaid standards. She asked the Department to provide information, including on the Health Homes initiative. She shared the Director's perception that Rhode Island is looked to as a national trend-setter, as one of the first states to embrace the ACA, develop a behavioral health Health Homes model and support innovative approaches to behavioral health.

Rhode Island will be the first state to submit a Health Homes Amendment for Substance Abuse. BHDDH has had initial discussions with SAMSA around this initiative. SAMHSA supported the concept. The next step is to talk with CMS.

The next Legislative session will start in January, and the Department has begun discussions with the Governor's Policy Office. Craig will update the Council as this process unfolds.

Craig mentioned the news story about problems at a Sober House in Warwick, which he had discussed with the Governor and Mayor Avedesian. The situation gives rise to the question of whether legislation should be introduced to regulate Sober Houses, which are currently subject only to the general fire, building and minimum housing standards.

The employment initiative sponsored by BHDDH is progressing. The Department has put together a working group that included the Department of Labor and Training, the Division of Voc Rehab, the Governor's Office, BHDDH, OIC, and a new organization that is coming into Rhode Island, called Fed Cap, which does employment training and establishes businesses for people with disabilities. It is focusing on a number of populations and programs: veterans; individuals with developmental disabilities; the general group of people with behavioral health issues; and the re-entry population.

The Emergency Room Diversion Report is scheduled to be completed by the end of December. BHDDH is fine-tuning the initial draft for presentation to the General Assembly and the Governor.

A current area of concern for the Department is that, as the State continues to try to reduce the abuse of prescription drug abuse, there may be a marked rise in heroine use and other opiates, as has happened in other states. Heroine is currently extremely inexpensive, which presents a real concern.

The results of the RFP for Residential Substance Abuse are at the Division of Purchasing. They have been up there for about 3 weeks. It usually takes about a month to process..

Housing First and Employment First are the two big areas that the Department is attempting to push. Having adequate access to housing is a key to treatment and recovery. The State's Interagency Council on Homelessness, which Craig chairs, has had several meetings and identified some gaps for which we have not had good planning. A number of workgroups have been established. At least one of the groups may have identified some Federal funding to replace some of the previously allocated State housing subsidy money. The Council is doing a presentation before the Long-term Care Coordinating Council next month on the "Opening Doors Rhode Island" Plan. BHDDH's Thresholds initiative is moving forward and some changes are about to be made. A big concern is that the lack of housing makes it very difficult to do optimal hospital discharge planning. A factor is the lack of turnover in all housing, including group homes, supervised and unsupervised apartments. It is difficult because people become secure and comfortable but those resources are extremely valuable for the next group of people that need support in their recovery.

With regards to employment, the statute that BHDDH had passed would set up a number of state contracts for employment for disabled individuals. This is similar to the Housing First Model. This should be done because it benefits our consumers, but it also makes fiscal sense.

DCYF: Chris Strnad updated the Council on the implementation of Phase Two of DCYF's System of Care. As of yesterday, DCYF has 763 children and youth in residential or specialized foster care enrolled in family care networks. Roughly 750 families are getting home-based behavioral health services through the system of family care networks as well. The Department is close to finalizing the program's practice standards. Training continues in four of the related family care networks. Some IT improvements are being made as relates to the family care networks.

Old/New Business: There was no old or new business.

A Motion was made to Adjourn. No objection having been made, Richard Leclerc adjourned the meeting at 10:20 AM.

The next meeting of the Council is scheduled for **1:00 PM on Tuesday, December 11, 2012 BHDDH, Barry Hall, Room 126.**

Minutes respectfully recorded and written by:

Linda Harr

/attachments